

STATE OF NEW HAMPSHIRE
WASTE MANAGEMENT DIVISION
29 HAZEN DRIVE
CONCORD, NEW HAMPSHIRE 03301

PERSONAL HISTORY DISCLOSURE FORM

for operating permit applications
pursuant to N.H. RSA chapter
147-A and N.H. RSA chapter 149-M

PERSONAL HISTORY DISCLOSURE FORM

INSTRUCTIONS

1. **WHO MUST COMPLETE THIS FORM.** Owners, directors, officers, partners, certain equity and debt holders and key employees of the applicant and of certain affiliated business concerns, as indicated in the Business Concern Disclosure Statement, must complete this form. The form is to be filed along with the Business Concern Disclosure Statement of the applicant.

2. **ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter “Not applicable” or “N/A” in the space provided for an answer. If there is nothing to disclose in answer to a particular question, enter “None” in the space provided for an answer.

3. **ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer all questions completely and truthfully may result in delay in processing the application, in your statement being returned to you for supplementation of your answers, in permit denial or revocation, and in penalties under RSA chapter 641. In addition, RSA 147-A:4, II-c, IV-a and RSA 149-M:9, III, XII(a) provide that the applicant shall bear the cost of the background investigation. Incomplete answers may require the expenditure of additional investigative costs for which the applicant will be responsible.

Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction probably would not disqualify the applicant, but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, your application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way - for example, by writing “Do not remember.” This may result in additional inquiries from the Division or the Attorney General’s Office, but it will avoid the implication that you are trying to conceal information.

However, you should not answer “Do not remember,” or with similar words, simply because the information may not be immediately at hand. You are expected to make diligent efforts to check your records and other records that you have the ability to obtain so that you can answer the questions completely.

4. **ADDITIONAL SPACE.** If you need additional space to answer a question, use plain 8 1/2" x 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate that your answer to the question is "continued on the next page", and indicate on the additional page which question is being continued there.

Note that the pages of this form are numbered at the top. If you attach additional pages, number them at the top right hand corner by using the numbers of the pages they follow, and adding letters. For example, if you add two pages following page 12, you should label them 12A and 12B.

5. **ADDITIONAL BUSINESS CONCERN DISCLOSURE STATEMENTS AND PERSONAL HISTORY DISCLOSURE FORMS.** Business concerns and individuals whose names appear in answers to certain questions in this form must complete additional disclosure forms. These must be obtained from those concerns and individuals and submitted along with this form.

6. **EXHIBITS.** If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Exhibit No. ____", and attach it at the end of the form.

7. **TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style. Handwritten forms will be returned if entries are in script or are unreadable.

IF YOU HAVE QUESTIONS ABOUT HOW TO FILL OUT THIS FORM, CALL THE OFFICE OF THE ATTORNEY GENERAL AT (603) 271-3679

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the
Federal Privacy Act of 1974

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Social Security number is used as a secondary identifier by the New Hampshire Attorney General's Office when it conducts background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification in checking criminal history records maintained by state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons. The Division is authorized to request this information under N.H. RSA 147-A:4, II-c and N.H. RSA 149-M:9, III.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Division cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and a decision on the permit application because of the additional investigative time which may be necessary to confirm identifications without the Social Security number.

_____))
NAME OF APPLICANT:))
_____))
DATE APPLICATION SUBMITTED:))
_____))

PERSONAL HISTORY DISCLOSURE FORM

SECTION 1. PERSONAL IDENTIFYING DATA

1. FULL NAME: _____
(Last) (First) (Middle)

2. DATE OF BIRTH: _____

3. SOCIAL SECURITY NUMBER: _____

4. HOME ADDRESS: _____
(Number and Street) (Apt. No.) (City) (State)

HOME TELEPHONE: (_____) _____ HOME IS (check one): OWNED _____ RENTED _____
(Area Code)

5. PHYSICAL - HEIGHT: _____ RACE: _____
(for confirmation of identification only)
WEIGHT: _____
AGE: _____ DISTINCTIVE MARKINGS OR CHARACTERISTICS
(e.g., BIRTHMARKS, SCARS, TATTOOS): _____
SEX: _____
HAIR COLOR: _____
EYE COLOR: _____

6. PLACE OF BIRTH: _____
(City) (County) (State, Province, etc.) (Country)

7. CITIZEN OF: _____
(If naturalized, give certificate number and date)

(Foreign-born U.S. citizens: explain derivative citizenship)

(Resident aliens: give Green Card number and date)

8. NAMES OF PERSONS RESIDING WITH YOU (list): NAME DATE OF BIRTH SOCIAL SECURITY NO.

9. OTHER NAMES: List all names other than your present full legal name that you have ever used. Include any maiden name, previous married name, pseudonym, alias and any name you ever worked under or were educated under. If you have ever changed your name in a legal proceeding, give the date, place and court, and your names before and after the change.

<u>NAME</u>	<u>DATES WHEN USED</u> <u>FROM (YEAR) - TO (YEAR)</u>	<u>TYPE (E.G., MAIDEN NAME)</u>
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10. DRIVER'S LICENSE NUMBER(s): NUMBER STATE EXPIRATION DATE

11. MOTOR VEHICLES REGISTERED IN YOUR NAME OR SPOUSE'S NAME:

<u>YEAR</u>	<u>MAKE</u>	<u>BODY TYPE</u>	<u>COLOR</u>	<u>VIN NO.</u>	<u>PLATE NO./STATE</u>
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SECTION II. MARRIAGE/FAMILY

12. MARITAL STATUS: _____SINGLE _____MARRIED _____DIVORCED _____SEPARATED _____WIDOWED

13. SPOUSE - (Maiden) NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

OCCUPATION: _____

EMPLOYER: _____

(Name and Address)

14. PREVIOUS MARRIAGES:

SPOUSE'S (MAIDEN) <u>NAME</u>	<u>DATE</u> <u>OF BIRTH</u>	<u>PLACE</u> <u>OF BIRTH</u>	<u>DATE OF</u> <u>MARRIAGE</u>	<u>PLACE OF</u> <u>MARRIAGE</u>	DATE OF DIVORCE, SEPARATION OR DEATH OF SPOUSE (<u>INDICATE WHICH</u>)	FORMER SPOUSE'S LAST KNOWN ADDRESS AND TELEPHONE NO. (IF LIVING)
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15. CHILDREN: List all children, including adopted and step-children.

<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>	<u>ADDRESS AND OCCUPATION</u>
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16. PARENTS AND SPOUSE'S PARENTS.

<u>NAME/ADDRESS (if deceased, so indicate)</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>	<u>OCCUPATION (if retired or deceased, so indicate and give former occupation)</u>
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FATHER

MOTHER

FATHER-IN-LAW

MOTHER-IN-LAW

17. BROTHERS AND SISTERS. List all brothers and sisters, including adopted, step-, and half-brothers and sisters.

<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>	<u>ADDRESS AND OCCUPATION</u>
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18. OTHER RELATIVES IN THE SOLID WASTE INDUSTRY. List any other relatives employed or associated with companies involved in the management of solid waste or hazardous waste in New Hampshire or any other state.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>NAME AND ADDRESS OF SOLID/ HAZARDOUS WASTE COMPANY</u>	<u>POSITION HELD BY YOUR RELATIVE</u>
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III. RESIDENCE HISTORY.

19. Beginning with your present residence and going backward, list every place in which you have resided for the past 20 years. Include temporary, vacation and seasonal residences which you either have owned or have occupied for more than 90 days.

<u>ADDRESS</u>	<u>FROM (MO/YR)</u>	<u>TO (MO/YR)</u>	<u>OWNED OR RENTED (indicate)</u>	<u>IF RENTED: NAME AND ADDRESS OF LANDLORD</u>
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SECTION IV. EDUCATION/EXPERIENCE/CREDENTIALS.

20. EDUCATION. Beginning with the most recent, list all schools back to and including high school. Include trade and technical schools.

<u>NAME OF SCHOOL</u>	<u>ADDRESS (CITY/STATE)</u>	<u>DATES OF ATTENDANCE</u>	<u>DEGREE AND MAJOR</u>
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21. MILITARY SERVICE. Have you served in the military service of the United States or any foreign country? _____YES _____NO

If yes, if foreign country, indicate country:_____

If National Guard, indicate state:_____

BRANCH OF SERVICE:_____

DATES OF SERVICE: FROM:_____ TO:_____

RANK AT DISCHARGE:_____

TYPE OF DISCHARGE:_____

ATTACH COPY OF DD FORM 214.

22. Describe here your experience and credentials in the management of solid and/or hazardous waste. You may answer or supplement your response to this question by the inclusion of resumes, lists of professional publications and achievements, and/or cross-references to information disclosed elsewhere on this form.

SECTION V. EMPLOYMENT HISTORY.

23. EMPLOYMENT HISTORY

PRESENT EMPLOYER:_____

ADDRESS AND TELEPHONE NO.:_____

TYPE OF BUSINESS OR ORGANIZATION:_____

YOUR TITLE/POSITION AND RESPONSIBILITIES:_____

DATE OF EMPLOYMENT:_____

Previous employment. List all previous full and part-time and employment for the last 15 years or since age 18, whichever period is shorter. Begin with most recent employment and work backward. Include all paid employment and all employment, paid or unpaid, for family members.

<u>EMPLOYER NAME AND ADDRESS</u>	<u>STILL IN EXISTENCE?</u>	<u>DATES EMPLOYED</u> <u>FROM - TO (MO/YR)</u>	<u>POSITION HELD</u>	<u>NAME OF</u> <u>SUPERVISOR</u>
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SECTION VI. BUSINESS INTERESTS.

24. EQUITY INTERESTS. List the following as to any business concern of whatever form in which you own or control, or within the past 10 years have owned or controlled, 10% or more of the outstanding equity.

<u>NAME OF CONCERN</u>	<u>BUSINESS ADDRESS AND TELEPHONE NO.</u>	<u>FEDERAL EMPLOYER IDENTIFICATION NO.</u>	<u>AMOUNT OF EQUITY</u>	<u>TYPE OF EQUITY</u>	<u>PERCENT OF TOTAL EQUITY</u>
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25. MANAGEMENT POSITIONS. List the following information as to any business concern of whatever form in which you participate or within the past 10 years have participated in management as an owner, trustee, partner, officer, director, managerial or supervisory employee, or a paid or unpaid consultant.

<u>NAME OF CONCERN</u>	<u>BUSINESS ADDRESS AND TELEPHONE NO.</u>	<u>STILL IN EXISTENCE?</u>	<u>FEDERAL EMPLOYER IDENTIFICATION NO.</u>	<u>POSITION AND RESPONSIBILITIES</u>	<u>DATES</u>
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26. **BUSINESS INTERESTS IN FAMILY MEMBERS' NAMES.** List the following information as to any financial or managerial interest you have in a business concern, in which the interest is in the name of a member or members of your family (spouse, parents, spouse's parents, children, brothers, sisters, grandparents, nieces, nephews, cousins).

<u>NAME OF COMPANY</u>	<u>BUSINESS ADDRESS AND TELEPHONE NO.</u>	<u>FEDERAL EMPLOYER IDENTIFICATION NO.</u>	<u>NATURE OF YOUR PARTICIPATION</u>	<u>NAME OF FAMILY MEMBER HOLDING INTEREST & TYPE</u>
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SECTION VII. OTHER FINANCIAL INTERESTS.

27. REAL ESTATE HOLDINGS. List all real estate which is owned or controlled by you, including real estate jointly held with any other person or held in the name of a member of your family, or a trust or business concern you control or of which you are a beneficiary.

<u>ADDRESS/LOCATION OF REAL ESTATE</u>	<u>BLOCK & LOT NO.</u>	<u>DESCRIPTION OF USE OF PROPERTY</u>	<u>(IF ANY) MORTGAGE HOLDER</u>	<u>PROPERTY IN NAME OF</u>
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28. DEBTS OWED. List the following information as to any debt greater than \$5,000 that you owe to any person or business concern. Include stockholder loans and loans to a concern you own or control.

<u>CREDITOR</u>	<u>TYPE OF DEBT</u>	<u>DATE DEBT CREATED</u>	<u>AMOUNT OWED INITIAL / PRESENT BALANCE</u>	<u>SECURITY</u>
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29. DEBTS HELD. List the following information as to any debt greater than \$5,000 which is owed to you. Include stockholder loans and loans to a company you own or control.

<u>DEBTOR</u>	<u>TYPE OF DEBT</u>	<u>DATE DEBT CREATED</u>	<u>AMOUNT OWED INITIAL / PRESENT BALANCE</u>	<u>SECURITY</u>
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30. TAX OBLIGATIONS. Are all tax payments required to be made by you current?

_____YES _____NO If "NO", describe delinquent payments.

31. TAX LIENS. Are you or is any property you own currently subject to a state or federal lien for the non-payment of taxes?

_____YES _____NO

Have you or any property you own been subject to a state or federal lien for the non-payment of taxes at any time in the past 15 years?

_____YES _____NO If "YES", describe the lien(s).

32. BANKRUPTCY: Have you ever filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?

_____YES _____NO If "YES", set forth the following information:

DATE OF PETITION

CASE NAME AND DOCKET NO.

COURT

DISPOSITION (INCLUDING DATE)

33. FINANCIAL DISCLOSURE STATEMENTS. Have you ever been required to file a financial disclosure statement?

_____ YES _____ NO If "YES", set forth the following information:

DATE STATEMENT FILED

ORGANIZATION FILED WITH

REASON FOR GIVING STATEMENT

SECTION VIII. LICENSES AND VIOLATION NOTICES.

34. PROFESSIONAL LICENSES. List any professional licenses held by you personally (e.g., Attorney, CPA, Architect, Professional Engineer, etc.).

TYPE OF LICENSELICENSING AUTHORITY (AGENCY/STATE)DATE ISSUED/EXPIRES

35. SOLID AND HAZARDOUS WASTE LICENSES. List all past and present solid and hazardous waste licenses, registrations, permits and the equivalent held by you, or by any concern at a time when you have been an officer or director, or have had a 10% or greater debt or equity interest or managerial responsibility. (Include licenses from N.H. DES, U.S. EPA, and other states.) If listed in a Business Concern Disclosure Statement filed herewith, you may answer by indicating a cross-reference to that statement and question number.

NAME UNDER
WHICH HELDLOCATION OR
BUSINESS ADDRESSTYPE OF
LICENSEISSUING AGENCYDATES HELD
FROM / TOLICENSE NO.

36. ENVIRONMENTAL VIOLATION NOTICES. List and explain any notice of violation or other legal process issued to you, or to any concern at a time when you have been an officer or director, or have had a 10% or greater debt or equity interest or managerial responsibility, within the past 10 years for the alleged violation of any law or regulation pertaining to protection of the environment or for the denial of any environmental permit. If listed on a Business Concern Disclosure Statement included herewith, you may answer by cross-referencing that statement and question number.

<u>NAME OF PERSON/ ENTITY CITED</u>	<u>DATE ISSUED</u>	<u>LOCATION OF ALLEGED VIOLATION</u>	<u>NATURE OF ALLEGED VIOLATION</u>	<u>ISSUING AGENCY</u>	<u>DISPOSITION</u>
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37. PROFESSIONAL VIOLATION NOTICES. If you have ever been cited for violations or disciplined by any board or authority having jurisdiction over any professional license, provide the following information.

<u>NATURE OF ALLEGED VIOLATION</u>	<u>DATED CITED</u>	<u>CITING AGENCY</u>	<u>DISPOSITION AND DATE</u>
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SECTION IX. CIVIL LITIGATION AND CRIMINAL PROCEEDINGS.

38. CIVIL SUITS. Have you ever been a plaintiff or defendant in any civil action, other than an action arising from an automobile accident or domestic relations (divorce or separation) proceeding? If "YES", provide the following information.

<u>TITLE OF CASE</u> <u>(PLAINTIFF V. DEFENDANT)</u>	<u>DATE FILED</u>	<u>DOCKET NO.</u>	<u>NAME AND</u> <u>LOCATION OF COURT</u>	<u>NATURE OF CLAIMS</u>	<u>STATUS/</u> <u>DISPOSITION</u>
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39. CONVICTIONS. List any criminal conviction (including a plea of guilty or nolo contendere) entered in any court against or by you, or against or by any business concern based on acts or omissions during a time in which you were an officer or director, or held a 10% or greater debt or an equity interest or managerial responsibility, other than a motor vehicle offense.

<u>CRIME OR OFFENSE</u>	<u>INDICTMENT OR</u> <u>INFORMATION NO.</u>	<u>JURISDICTION</u> <u>WHERE CHARGED</u>	<u>DATE CHARGED</u>	<u>DISPOSITION (indicate whether convicted</u> <u>or pled guilty and sentence imposed)</u>
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SECTION X. MEMBERSHIPS, ASSOCIATIONS AND PUBLIC OFFICES.

40. PUBLIC OFFICES. List any elected or appointed offices you hold or have held in any federal, state, county, municipal, or intergovernmental body.

<u>POSITION</u>	<u>GOVERNMENT BODY</u>	<u>ADDRESS</u>	<u>DATES IN OFFICE FROM - TO (MO/YR)</u>	<u>ELECTED OR APPOINTED</u>
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41. PROFESSIONAL BOARDS. If you have ever been a member of any professional board or formally constituted advisory committee in state government, list the following information.

<u>BOARD OR COMMITTEE</u>	<u>ADDRESS</u>	<u>DATES OF MEMBERSHIP FROM - TO (MO/YR)</u>
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AFFIDAVIT

STATE OF)
COUNTY OF) SS.
)

I, _____, do hereby swear or affirm that I have made diligent inquiry into all matters addressed herein and
(Name)
that, on the basis of such inquiry, the information in this Personal History Disclosure Form is true and complete to the best of my knowledge. I am aware that if any
of the foregoing statements made by me are false or incomplete, processing of the application may be delayed, the permit sought may be denied or revoked, and I
may be subject to prosecution under RSA chapter 641.

DATED: _____

(Signature)

(Type or print name here)

If the form was prepared by a person other than the
individual signing this Affidavit (e.g., an attorney),
indicate that person's name, address and telephone.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 19____.

(Notary Public)

(Seal or Authority of Notary)

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial Institutions, and Government Agencies - federal, state and local without exception both foreign and domestic.

I, _____, as an owner, officer, director, partner, stockholder or key employee of _____, an applicant for a New Hampshire Department of Environmental Services solid or hazardous waste license, have authorized the Attorney General of New Hampshire to conduct an investigation into my background for the purpose of determining the suitability of the company with which I am affiliated to hold a solid or hazardous waste license. You are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General. This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization shall be considered as effective and valid as the original.

DATED: _____

 (Signature)

 (Type or print name here)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 19____.

 (Notary Public)

 (Seal or Authority of Notary)